

Medical Certificate.

No. 12

Patient: Shumei, OKAWA

(Born 6 December, 1886)

I have medically examined the above patient and
diagnose his case as follows:

Disease: Progressive Paralysis.

N.B. No changes have been seen.

Akira HAYASHI, doctor, (Stamp).

Matsuzawa Metropolitan Hospital.

30 January, 1947

Medical Certificate.

No. 14

Patient: Shumei, OKAWA

(Born 6 December, 1886)

I have medically examined the above patient and
diagnose his case as follows:

Disease: Progressive Paralysis.

N.B. Lying in bed with fever caused by slight bronchitis
in these several days.

Akira HAYASHI, Doctor, (Stamp)

Matsuzawa Metropolitan Hospital.

5 February, 1947

To : Sir William Webb, President of the International Military Tribunal of Far East.

From: Dr. Yushi Uchimura, Professor at the Department of Psychiatry, Faculty of Medicine, Tokyo Imperial University; Head of Tokyo Municipal Hospital at Matsuzawa.

Subject: Report of a Psychiatric Examination of OKAWA, Shumei.

Date : 23 February 1947.

On 11 May 1946 I presented a report of a medical examination of Mr. OKAWA, Shumei's mental condition at that time to Sir William Webb, President of the International Military Tribunal. Permission being given by the Tribunal that Mr. OKAWA be treated in the hospital attached to the Faculty of Medicine, Tokyo Imperial University, I admitted him since 11 June to the said hospital and applied the malaria therapy for general paralysis. As his condition eventually required a still quieter surrounding, I, as the physician in charge, requested the President of the Tribunal in a note dated 22 August to allow the transfer of Mr. OKAWA to the Tokyo Municipal Hospital at Matsuzawa. This request being complied with, Mr. OKAWA has been taken to the Matsuzawa Hospital since 26 August where treatment has been continued up to the present.

On 23 December of the same year the President of the Tribunal again issued the order that a medical examination be conducted with respect to the mental and physical condition of Mr. OKAWA. Having been asked by the defense counsel for Mr. OKAWA to examine him again, I am herewith presenting a report of his condition since 22 August 1946 together with my expert opinion as to the judgement to be formed from these data.

Course of Illness

Condition in August:

On the whole the patient continues to show the same state of excitement as in the Tokyo Imperial University Hospital, wearing his clothes in disorder, entertaining strong delusions of grandeur and occasionally destroying the window of his room. Owing to the quiet surrounding, however, periods of non-irritability begin to appear intermittently and insomnia during the night has rapidly diminished.

Condition in September:

The patient shows a general tendency to quiet down. Emotional elation and irritability persist strong yet, and the patient emphatically asserts that he has been wrongly put in a mental hospital and that his abnormal speech and behavior since May were due to a state of religious trance in which he acted in that way so as not to forget the peculiar experiences he went through at that time. He goes on to claim that the drug which was administered to him for sedative purposes at the University Hospital was in reality cyankali, which, he says, was meant to kill him -- an idea that is definitely a delusion of persecution. Though we urge him to receive the antisyphilitic treatment in order to reenforce the effects of the fever therapy conducted at the University Hospital, he obstinately refuses it saying that for that matter, he had better be sent to a hospital specializing in venereal diseases.

Condition in October:

Daily behavior is markedly quieter, there being no disordered conduct, much less acts of violence. From time to time, however, the patient still coolly utters such nonsense as his height having

grown taller by 2 inches and refuses to admit that his condition at the onset of the illness while staying at Sugamo Prison was pathological.

"While reading the sutras of Kannon at Sugamo", says he, "I received the inspiration that I should unify world religions. I am convinced that Buddhism and Christianity are after all one and the same thing". "At that time", he further goes on to claim, "I was more clear-headed than ever before, being able to make poetry and write elegant prose at will. Thoughts gushed forth so rapidly that I could hardly keep up with them and write them all down. It was all in all a state of religious ecstasy."

Eventually the patient begins to spend his daytime reading and writing, and by the end of the month brings to completion a manuscript of about 400 to 500 pages entitled "Introduction to Religion". The theme of this book concerns the unification of religions and its content consists of a simply written account of the characteristics of different kinds of religion. As far as I understand it, it appears to be an easy and enlightening work worthy of Mr. OKAWA's culture. At no point can there be detected any thoughts that may sound particularly morbid and the style is so beautiful as to deserve admiration.

Condition in November:

The same quiet life is kept on, there being no complaints about the discomforts of hospital life. In order to compare with the premorbid condition, Mr. OKAWA was made to meet relatives and friends who had been on intimate terms with him in his everyday life. On asking their opinion after their meeting as to Mr. OKAWA's present condition, these relatives and friends answered, "He seems

more talkative than before and his judgment of things is too optimistic." This is an opinion which, I, the physician in charge, could entirely fall in with.

Condition in December:

Behavior in the sick room as well as address may be called normal of late. The patient now receives the antisyphilitic treatment which he has hitherto been stubbornly refusing and also submits to blood and spinal fluid examination. The results of the said examination conducted on 26 December are as follows:

Blood --- Wassermann's reaction: weak positive

 Murata's reaction : weak positive

Spinal fluid ---

 Number of cells : 16 per Iemm.

 Pandy's reaction : middle positive

 Nonne's reaction : \pm

 Total amount of protein: 0.24%.

 Taketa-Ara's reaction : Weak positive

 Wassermann's reaction : middle positive

Though the above results show an improvement in comparison with those of the examinations conducted on 7 May and 14 August respectively, yet no few items still present a pathological condition. The patient no longer denies that he is suffering a syphilitic disease, but a real consciousness of his illness seems to be still somewhat lacking. For instance, although he tells about the various experiences or possession he had during his former excitement, he cannot fully recognize them as pathological phenomena. He says, "The souls of a great many people came to me, such as

King Edward VII, President Wilson, Prince Connaught etc. That's why my English improved very fast. It's not all very clear, but it seems there is such a thing as the coming of souls." On being asked whether he did not consider this as being due to his illness, he answers, "I am not sure about that." Though he lately complains from time to time of pain in the stomach, his physical health is on the whole satisfactory.

Condition in January 1947:

Though very gradually, the patient seems to be coming to a firmer consciousness of his illness and acknowledges the fact that he had mental aberrations. "It was as if I were drunk," says he, "But with drink one doesn't become Saigo or the Emperor Meiji. So it's a little different from drink too. It was really gorgeous. OKAWA's personality disappeared and I had no egoistic thoughts at all. I was only concerned about the welfare of my country. The reason why I talked and sang in such a manner was because I wanted to repeat that so as not to forget those experiences."

From the end of the month a violent stomach-ache continues for several days and the patient gets somewhat weaker because of poor appetite. The cause of the stomach-ache is not clear yet though he has been examined by a physician, but it does not seem to be due to a malignant disease such as gastric ulcer.

Present Condition

Having recovered from the stomach-ache, the patient leads a quiet life again. No gross mental abnormalities are to be discerned any more by looking at the outward appearance of his life and by probing into his mind through questions. His manners

are correct and polite, the expression of his feelings and thoughts have become markedly more moderate with the result that the former ostentatious and rough behavior, elated self-feeling and fickle passions do no longer appear on the surface. The fantastic delusions of grandeur which were spectacular at the acme of his illness have almost faded away. He has now a correct memory and a great store of knowledge. In Mr. OKAWA's own judgment, he speaks ~~more~~ readily than he used to before his illness. Thus in his pre-illness days, he did not care to speak unless necessary, but of late he talks readily about anything. Further in his own opinion, he does not feel any more mental deficiencies than he used to before his illness and his powers of attention and understanding seem to him to have rather augmented.

Thus by merely taking a general view, neither subjective nor objective mental disturbances are to be seen in any striking form any longer. But upon closer examination we can still find symptoms that are closely related to the pathological mental condition presented by Mr. OKAWA since last May. One of the important ones is a peculiar kind of daydreaming and a delusion-like confidence in these experiences. The following is an account of this as stated by Mr. OKAWA himself.

"This is an experience which I have had since last May and which continues until today. Thus when I concentrate my attention by sitting after the Zen fashion as quiet reigns around, I can make anyone I like come to my side and freely exchange thoughts with me. Among those I recently met in that way are Saigo Takemori, Johannes Kreis (Mr. OKAWA's intimate friend, mother, Mohammed,

Emperor Meiji, General Yashiro, Rokuro. Of these, Mohammed I meet particularly often. It is like dreaming awake. I can see the people, hear their voices, but it is different from a dream in that I can see anything I like at will and also in that I am awake. Recently I am studying Koran. I have never been able to understand Koran as well as I do of late. I think this must be due to my frequent spiritual communion with Mohammed. It must be a phenomenon like telepathy. I have always believed in telepathy, but it is only since my entrance in Sugamo Prison that I came to believe I have that capacity, a capacity which I still continue to possess today. Therefore, I am convinced that thoughts that are told to me in that way actually belong to those people. When I was very ill last year, however, my inner need for spiritual communion was very great and the visionary stories I used to tell at that time were entirely products of this fantasy. But lately such "dreams" have become much fewer and appear only once in about three days. That is to say, I was, as it were, living in the world of souls in those days, whereas nowadays I live more in the world of reality. But even now, when I fall in such a state, I remain absorbed in that world from one to several hours. It is then that I appear to be meditating to those around me. As it requires mental concentration, night is the best time for it."

The above experience of daydreaming is something that was unknown to Mr. OKAWA when he was healthy. It appeared suddenly last May at the onset of his illness and, according to Mr. OKAWA's own statement, clearly formed the source of his colorful delusions of grandeur at that time. Consequently it is to be considered as a definitely morbid phenomenon. Moreover, Mr. OKAWA's mental attitude and judgment, believing as he does without the slightest

shadow of doubt in his communion with a great many men of old, are still more abnormal and might be said to be verging on delusions. But still more than these traits, another mental symptom, of a hallucinatory nature, still remains which makes us think of a rest of morbid mental symptoms persisting in the present Mr. OKAWA. For, according to Mr. OKAWA's own words, he at times feels powerful orders to speak or act coming to him ever since last May. For instance, recently he has received the command, "Study the Koran", and "Read the 'sutras.'" Feeling an authority like God's in this voice or mental sound, he obeys it and acts accordingly. This is obviously a symptom similar to auditory hallucination, suggesting in particular the well-known "Gemachterlebens" in that it has a compelling power. Owing to these mystical experiences, Mr. OKAWA is now in a state of mind which he describes in the following words. "I am happy in the feeling that I am the object of a blessing which is greater than I deserve. I am glad that everything is done through Heaven's guidance and that everything is good. Formerly it was resignation, but since last May it has become gratitude." This sounds very akin to the mental attitude reached by one who has been through a religious conversion. But since this conversion like experience of Mr. OKAWA's is clearly based on morbid symptoms of daydreaming and auditory hallucinations deriving from pathological mechanisms in the brain, there is no reason why one should judge this experience and the accompanying convictions of Mr. OKAWA's to be normal. Obviously they are rather to be considered as his principal mental symptoms, which, conspicuous at the beginning of his illness, still persist today in a reduced form.

Explanatory Remarks

What has been stated so far might be summed up as follows: The psychosomatic condition of Mr. OKAWA, who was previously in a manic state due to general paralysis, has been gradually improved by means of malaria treatment and transfer to another hospital for the purpose of adjusting his environment. He has, however, not yet entirely recovered, for physically, there remain slightly positive reactions both in his blood and spinal fluid, and mentally there persist abnormal traits such as his firmly believing in his power to hold spiritual communion with anyone and acting according to hallucinatory experiences.

It is very difficult to distinguish him from normal individuals at first sight because emotional elation, delusions of grandeur and immoderate behavior have all disappeared and his power of memory is sound. In addition to that, he gives the impression of a superior man of learning and an upright personality. For all that, however, an experienced psychiatrist will never fail to detect no slight mental symptoms remaining concealed behind the outward appearance of Mr. OKAWA who has recovered composure. Those symptoms, though of a passive kind and manifesting themselves only upon close inquiry, are of such a nature as to exert a tremendous influence upon Mr. OKAWA's personality, judgment and conduct. Since Mr. OKAWA's conviction that he is in possession of telepathic power and that he is daily holding spiritual communion with any one at will was not to be found in his premorbid person, it can rightly be judged to be a product of his illness. Whereas, at the initial stage of his illness this morbid idea was concretely expressed as the main cause for the colorful delusions of

grandeur, it has come now to form the basis of Mr. OKAWA's thought in his conviction that this is a great blessing bestowed upon him by God, an idea that serves as a motive in bringing about a radical change in Mr. OKAWA's view of life. Consequently, I consider that this symptom has been causing a tremendous change in Mr. OKAWA's personality not only at the initial period of his illness, but also at present. I further infer that, as a result of this, Mr. OKAWA's way of thinking and judgment of things are still different from what they used to be before his illness.

Besides this symptom, there is a second one, called "Voice of God" by Mr. OKAWA, which has no less important effects. If it is true that, as he himself says, Mr. OKAWA talks and acts according to the "voice", then we can hardly call his speech and behavior normal acts governed by a healthy will any longer. Though Mr. OKAWA considers it supreme as a voice coming from Heaven, from a medical point of view it is nothing but the patient listening to the echo of morbid thoughts produced by his own sick brain. Similar hallucinations are found in many mental patients. In such cases it is usual that we do no longer consider their speech and behavior as being under the control of a proper judgment.

From the above explanation, it is clear that Mr. OKAWA's present mental condition, though markedly better than before, still presents important defects, this being particularly noticeable in the disturbances of the faculty for acting according to a right judgment and a healthy will. For, although Mr. OKAWA may be able to distinguish between right and wrong properly by using

his excellent intellect, it seems very likely that his altered view of life and the orders coming from hallucinations will make him change his judgment or about a course of action that is entirely dissociated from his own will. Obviously, it would be unreasonable to admit the presence of a complete accountability in such a condition even though it is accompanied with a high intellect. It can sufficiently be expected that Mr. OKAWA's physical and mental condition will be further improved by continued treatment. But since general paralysis is by its nature a serious disease bringing about the destruction of the brain, no few specialists claim that a perfect recovery of legal responsibility is never to be recognized even though the patient gets so well as to have no pathological signs detectable by detailed objective examinations. It goes without saying that this should be all the more true in a case where there actually remain more or less pathological symptoms. In the light of this view held by scholars, it is then proper to consider Mr. OKAWA's mental condition as not having recovered the faculties required in standing a trial, a thing which supposes an adequate power of judgment and will.

Mr. OKAWA's present condition of health demands that he be placed under the careful guidance of a specialist for one or two years more so as to be able to receive proper treatment as occasion arises. For only under such a care can a complete recovery be expected. On the other hand, it is also true that Mr. OKAWA is now restored to a quiet state which involves no impediment in leading an ordinary social life. It is, therefore, no longer necessary to keep him in a mental hospital. It is specially not advantageous for his health to remain in the

Matsuzawa hospital where prevails a great shortage of clothing, food and accommodation. Therefore, I wish as a doctor that, at this juncture, those concerned with Mr. OKAWA's person reconsider the matter and take a measure that is preferable for his health.

Summary

Mr. OKAWA's physical and mental health has considerably improved. Yet pathological symptoms still remain in both respects and especially in his mental condition. As delusions and hallucinations have undermined his personality fairly deeply, the possibility is great that his judgment and behavior be influenced by these symptoms. Consequently his condition is to be considered as one still lacking in the various faculties that are needed in standing a trial such as the power to discriminate between right and wrong in a proper manner. A complete recovery, however, is still to be expected enough by means of a careful medical treatment.

/s/ YUSHI UCHIMURA
Examiner

NEUROPSYCHIATRIC SERVICE
361ST STATION HOSPITAL
APO 1055

WFF/vv
13 March 1947

SUBJECT: Psychiatric Examination of Japanese Prisoner
of War

TO : Commanding Officer, 361st Station Hospital,
APO 1055

1. Okawa, Shumei, was admitted to this hospital for psychiatric reevaluation after treatment in Japanese hospitals. He was admitted on 24 February 1947 and discharged on 12 March 1947. Psychiatric reevaluation was requested by the Prosecution Section of the International Tribunal. A psychiatrist was appointed to examine the prisoner for the Defense, and the commanding officer of this installation was requested to select a neuropsychiatrist to evaluate the prisoner for the Prosecution. The following report is submitted regarding the physical and mental status of this prisoner.

This Japanese prisoner of war was first admitted to this hospital on 4 May 1946 and discharged on 11 June 1946. His diagnoses at discharge were:

Syphilis, tertiary -

a) Psychosis with syphilitic meningo-encephalitis (general paresis); manifested by overactivity, emotional lability, euphoria, grandiose delusions, visual hallucinations, defective judgment, and impairment of retention, recent memory, abstract thinking, and insight; with irregular sluggish pupils, absent deep reflexes in the lower extremities, positive blood and spinal fluid Wassermann, and increase in spinal fluid cells and protein with paretic type gold curve.

b) Aortitis, chronic, syphilitic, with aortic valve insufficiency.

1.) Tuberculosis, pulmonary, bilateral, chronic, activity undetermined.

2.) Arteriosclerosis, generalized, mild.

Following his discharge from this hospital, he was given malaria fever therapy at a Japanese hospital and transferred thereafter to Matsuzawa Hospital for the Insane. This transfer occurred about August of 1946.

The story of this prisoner's illness indicates that he probably contracted syphilis sometime between the ages of thirty-three and thirty-five. During the only period of his life in which he engaged in promiscuous sexual relationships, there is no history of a genital lesion.

The first symptoms of psychosis that we were able to elicit occurred in early April of 1946 and consisted of one or two isolated visual and auditory hallucinatory experiences. These symptoms progressed rapidly and at the time of his admission to this hospital in May, he was grossly and overtly psychotic. Apparent improvement in his psychotic symptoms occurred after fever therapy in about August of 1946.

MENTAL STATUS:

General: The prisoner is a tall, very thin, sixty-one year old man who appears about the stated age. His general appearance is unusual and decidedly unattractive. His face is thin and gaunt. He has a rather prominent nose, at the base of which rests a pair of glasses with strong, convex lenses which give prominence to his black eyes and tiny pupils.

The prisoner spoke freely in English during all interviews. He seemed to enjoy his conversations with the examiner. His English vocabulary is excellent. He expresses himself well, frequently using descriptive similies and metaphors. His pronunciation is poor.

Perception: The prisoner's attitude toward his illness is rather unusual. He does not accept his previous psychotic behavior as necessarily indicative of illness. He speaks of it as a dream and states that if he were insane he would not now remember his psychotic episode. He is fully aware, however, that his previous reactions were completely abnormal, and intellectually realizes that this constituted illness. He remembers his previous psychotic episode with slight impairment. He describes his enjoyment of the euphoria present at that time.

At present, he believes that Mohammed comes to him. In his vision, he states that he sees Mohammed dressed in a green mantle and white turban. Mohammed's eyes glow brilliantly, and his presence fills him with courage, enthusiasm, and contentment. Mohammed does not speak to him, does not move, and looks like the only picture he ever saw of Mohammed. Patient believes that this is a religious experience. Mohammed enables him to understand the "Koran" as he was never able to understand it before.

There is no conflict with his Buddhist faith because he states there is only one God; and Mohammed, Christ, and Buddha are all prophets of the same God.

The prisoner is well oriented for time, place, and persons. Recent memory is impaired somewhat in that he remembers minor occurrences with difficulty or not at all. He does remember everything that is of practical importance to him in his daily existence.

There are no other hallucinations, no delusions or illusions.

Intellection: The prisoner's thought content when alone is frequently of Mohammed and of this religion. His principal interest is now in Mohammedism and in the translation and interpretation of the "Koran". His former wide variety of interests have diminished. He speaks with interest, however, about a large number of topics. He seemed to enjoy speaking of his childhood and past life.

Remote memory is intact.

Intelligence is far above average.

Judgment is slightly impaired as indicated by his partial inability to accept his complete irrationality as illness, by the fact that his complete absorption with Mohammedism is not considered to be alien to his Buddhist faith, and by his inability to criticize his previous and present hallucinations, considering them largely only as religious experiences.

Insight into previous and present illness incomplete.

His verbalized response to questions is concise, coherent, and reasonable. He speaks with excellent logic on nearly every subject brought out for discussion. There were indications of nothing more than a very mild concentration impairment.

Emotion: The prisoner's mood remains on the euphoric side. He makes the best of any situation. He is somewhat passive. He does not anger easily and few things disturb his composure.

PHYSICAL EXAMINATION:

Patient is tall, asthenic, emaciated. Blood pressure 120/50. Pupils are constricted and do not respond to light or accommodation. There is flaccidity of the iris muscles so that the iris undergoes an undulating movement when either the eyes or head are moved. The heart is not enlarged to percussion. Rhythm is regular. In the third and fourth left interspace, there is a blowing systolic murmur. In the third left interspace, there is a faint early diastolic murmur. There is slight dullness in the right sub-clavicular region. Over the left apex there are diminished breathing sounds. No rales are

heard over the lung areas. Examination of the abdomen was essentially negative. The ankle jerks are absent even with reenforcement. The remainder of the deep tendon reflexes are hypo-active but equal. The remainder of the Neurological examination is essentially unrevealing.

Laboratory Examinations:

Blood Count:

Red blood cells - 4.2 million.
White blood cells - seven thousand.
Hemoglobin - 80%

Urinalysis: Normal

Blood Kahn: Negative

Spinal Fluid: Three white cells, three lymphocytes per HPF.

Protein - 36mg%.

Pandy - 1/4.

Gold curve - 5433100000.

Wassermann: Positive

X-Ray of Chest: Examination in the posteroanterior projection shows normal diaphragm and no pleural pathology. The heart is small and thin in type. The aorta shows uniform dilatation and there are numerous calcifications visible in the wall of the arch and the descending portion indicating arteriosclerotic changes which, however, are compatible with the patient's age. The upper thirds of both lung fields show numerous stringy, mottled and linear opacities, which are dense, scattered and indefinitely outlined. No definite cavitation is seen. The lower two thirds of both lung fields are clear. These findings are characteristic of pulmonary tuberculosis. The fact that little or no change is noted in the character of the lesions from the films of 6 May 1946 with exception of the left subapical region where some slight increase in density is noted indicates that the process is stable at the present time although the patient's infectiousness or non-infectiousness cannot be positively determined by X-Ray.

DIAGNOSIS:

The primary diagnosis is as follows:

Syphilis, old, tertiary.

Neurosyphilis: meningo-vascular, manifested by Argyll-Robertson pupils, slight impairment of recent memory and judgment, positive spinal fluid Wassermann.

Aortitis, chronic, syphilitic, with aortic valve insufficiency.

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Aortitis, chronic, syphilitic, with aortic valve insufficiency.

Additional diagnoses are as follows:

Tuberculosis, pulmonary, bilateral, chronic, activity
undetermined.
Arteriosclerosis, generalized, mild.

2. In our opinion, a remission of the symptoms of psychosis of the general paretic type has been brought about by treatment. We consider that this prisoner possesses the ability to understand the nature of the proceedings against him. He is able to differentiate between right and wrong. He possesses the intellectual capacity and judgment necessary to take reasonable steps in the presentation of his own defense.

/s/ Herbert Posin
/t/ HERBERT I POSIN
1st Lt, M C
Neuropsychiatrist

/s/ William G. Schweikert
/t/ WILLIAM G SCHWEIKERT
1st Lt, M C
Neuropsychiatrist